
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kenton Graham

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been assigned)

-against-

New York City Department of Education; Vernon Johnson,
Principal of Brooklyn High School for Law and Technology;
Melanie Werner, Assistant Principal of Brooklyn High School
for Law and Technology; Sharaz Scofield, Assistant
Principal of Brooklyn High School for Law and Technology,

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. The names listed
above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

| | | |
|--------------------------------|------------------------------|---------------|
| Kenton | D | Graham |
| First Name | Middle Initial | Last Name |
| 568A Buchanan Ave | | |
| Street Address | | |
| Richmond, Staten Island | NY | 10314 |
| County, City | State | Zip Code |
| (847) 912-1080 | ken10gra@gmail.com | |
| Telephone Number | Email Address (if available) | |

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

| | | | |
|--------------|--|-----------|--------------|
| Defendant 1: | New York City Department of Education, c/o Georgia Pestana | | |
| | Name | | |
| | Corporation Counsel of the City of New York at New York City, 100 Church Street | | |
| | Address where defendant may be served | | |
| | New York, New York | NY | 10007 |
| | County, City | State | Zip Code |
| Defendant 2: | Vernon Johnson, Principal of Brooklyn High School for Law and Technology | | |
| | Name | | |
| | 1396 Broadway | | |
| | Address where defendant may be served | | |
| | Kings, Brooklyn | NY | 11221 |
| | County, City | State | Zip Code |

Defendant 3:

Melanie Werner, Assistant Principal of Brooklyn High School for Law and Technology

Name

1396 Broadway

Address where defendant may be served

Kings, Brooklyn

NY

11221

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:
 Brooklyn High School for Law and Technology

Name

1396 Broadway

Address

Kings, Brooklyn

NY

11221

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin**

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: _____
- ☐ color: _____
- ☐ religion: _____
- ☐ sex: _____
- ☒ national origin: Jamaican

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: _____

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- ☒ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: Speech Impediment

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: Speech Impediment

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☒ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

Please see attached addendum.

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? April 13, 2021

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? September 9, 2021

When did you receive the Notice? September 15, 2021

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

Monetary damages for emotional distress.

B. Defendant Information - Continued

Defendant 4: **Sharaz Scofield, Assistant Principal of Brooklyn High School for Law and Technology**

Name

1396 Broadway

Address where defendant may be served

Kings, Brooklyn

NY

11221

County, City

State

Zip Code

ADDENDUM TO FEDERAL COMPLAINT FOR KENTON GRAHAM @ 11/17/21

1. I have been employed as a math teacher from September 2018 to present at Brooklyn High School for Law and Technology in the NYCDOE.
2. I suffer from a disability of a speech impediment.
3. I have a Jamaican accent, and I am of Jamaican Caribbean origin.
4. My principal is Vernon Johnson, who is American black.
5. Principal Johnson has made comments about my speech impediment and about Caribbean people verbally and in writing.

2019-20 School Year

6. In September 2019, I was removed from my classroom, and a new non-Caribbean teacher was hired in my place and assigned to my room. I was assigned to four different classrooms instead.
7. In March 2021, I discovered that Principal Johnson placed a negative informal observation report without my knowledge into my file, despite the fact that teachers were not supposed to receive any evaluations during the 2019-2020 school year due to COVID-19.
8. Principal Johnson also tried to excess me from my school position because of my speech impediment and national origin at the end of the 2019-2020 school year. Upon information and belief, he did not try to excess nondisabled and/or non-Jamaican teachers in the math department from the school.

2020-21 School Year

9. Principal Johnson did not give me my teaching preferences for the 2020-21 school year even though these courses were available to me. Upon information and belief, he did not deny preferences to nondisabled and/or non-Jamaican teachers in the math department. He also gave me only two elective classes for the 2020-21 school year and has largely given me support roles to assist other teachers.
10. At a meeting held on September 18, 2020, when I approached Principal Johnson in his office about leaving early on that date and about my assigned classroom roster, Principal Johnson asked me to send him a reminder email about me leaving early. However, he dismissed me and my concern about my classroom roster claiming that my speech was “choppy” and incoherent.
11. On October 1, 2020, I emailed Principal Johnson complaining about unsafe working conditions in my classroom. Principal Johnson and two other custodians came to the room to investigate the matter. Upon leaving the room, Principal Johnson made discriminatory references about my national origin. Principal Johnson stated while exiting the room “you Caribbean people love to play the victim.” He repeated the “victim” statement in an email to me later that day.

12. On October 27, 2020, Principal Johnson wrote me up for insubordination involving use of google classroom codes, but did not write up Donald Graham, who is an African American, for the very same misconduct.

13. On March 16, 2021, Principal Johnson, in an evaluation for a position with the Department of Defense Dependents Schools (DoDDS), stated that my written and oral communication skills are less than professionally expected, which is a direct discriminatory aim at my accent and disability.

2021-22 School Year

14. Since I have filed my complaint with the New York State Division of Human Rights on or about April 13, 2021, I have suffered retaliation for filing the complaint.

15. I have been deprived of a classroom as a general education teacher for the 2021-22 school year, even though newly hired general education teachers received their own classroom.

16. I also have not been assigned my own desk and chair in the school for the 2021-22 school year, in contrast to the other teachers at the school.

17. I was also assigned four different classrooms during the 2021-22 school year. I had to file a union grievance about it, which I prevailed upon with an arbitrator on November 5, 2021.

18. I also have been separated from my colleagues in my math department on the fourth floor for the 2021-22 school year as I am assigned to work on a different floor at the school.

19. I also have had students removed from my classes for no reason.

20. Principal Johnson lied under oath during our November 3, 2021 arbitration hearing stating that I refused to use an assigned room.

21. It is a common practice for the administration to undermine my classroom authority by removing students from my classroom as a way of belittling and embarrassing me.

22. I have been assigned to teach classes in rooms without the proper classroom supplies and a dedicated desk.

23. I am the only teacher in the math department who is assigned to teach an elective application class for the past three years, although I did not request to teach such courses, and other teachers have asked to teach said class.

24. I am the only teacher in the math department who is assigned to teach seven different sections of math classes, which is burdensome and excessive.

25. I believe I have been discriminated and retaliated against based on my Jamaican national origin and/or disability regarding my speech impediment. Also, I believe that the administration's actions towards me have created a hostile working environment for me compared to my similarly situated colleagues.

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that:

(1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

11/17/21
 Dated
Kenton D
 First Name Middle Initial
568A Buchanan Ave
 Street Address
Brooklyn NY 10314
 County, City State Zip Code
847 912 1080 Ken10gra@gmail.com
 Telephone Number Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC Form 161 (11/2020)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Kenton D Graham**
568A Buchanan Avenue
Staten Island, NY 10314

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2021-01564

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

Charging Party wishes to pursue matter in Federal Court

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



September 9 2021

Enclosures(s)

Judy A. Keenan,
District Director

(Date Issued)

cc:

NYC DEPARTMENT OF EDUCATION
Attn: Sarah Klein Cloud – Staff Attorney
52 Chambers Street
Room 308
New York, NY 10007

**New York State Division of Human Rights
Employment Complaint Form**

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

| | | | | | | | | | | | |
|---|---|-----------------------------------|-----------------------|--|--|--|--|---|---|---|------------------------------------|
| 1. Your contact information: | | | | | | | | | | | |
| First Name <u>Kenton</u> | | Middle Initial/Name | | | | | | | | | |
| Last Name <u>Graham</u> | | | | | | | | | | | |
| Street Address/ PO Box <u>568A Buchanan Avenue</u> | | Apt or Floor #: | | | | | | | | | |
| City <u>Staten Island</u> | | State <u>NY</u> | Zip Code <u>10314</u> | | | | | | | | |
| If you are filing on behalf of another, provide the name of that person: | | Date of birth: | Relationship: | | | | | | | | |
| 2. Regulated Areas: Check the area where the discrimination occurred: (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.) <table style="width:100%; margin-top: 10px;"> <tr> <td><input checked="" type="checkbox"/> Employment (including paid internship)</td> <td><input type="checkbox"/> by a Labor Organization</td> </tr> <tr> <td><input type="checkbox"/> Internship (unpaid)</td> <td><input type="checkbox"/> Apprentice Training</td> </tr> <tr> <td><input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)</td> <td><input type="checkbox"/> by a Temp or Employment Agency</td> </tr> <tr> <td><input type="checkbox"/> Volunteer Position</td> <td><input type="checkbox"/> Licensing</td> </tr> </table> | | | | <input checked="" type="checkbox"/> Employment (including paid internship) | <input type="checkbox"/> by a Labor Organization | <input type="checkbox"/> Internship (unpaid) | <input type="checkbox"/> Apprentice Training | <input type="checkbox"/> Contract Work (independent contractor, or work for a contractor) | <input type="checkbox"/> by a Temp or Employment Agency | <input type="checkbox"/> Volunteer Position | <input type="checkbox"/> Licensing |
| <input checked="" type="checkbox"/> Employment (including paid internship) | <input type="checkbox"/> by a Labor Organization | | | | | | | | | | |
| <input type="checkbox"/> Internship (unpaid) | <input type="checkbox"/> Apprentice Training | | | | | | | | | | |
| <input type="checkbox"/> Contract Work (independent contractor, or work for a contractor) | <input type="checkbox"/> by a Temp or Employment Agency | | | | | | | | | | |
| <input type="checkbox"/> Volunteer Position | <input type="checkbox"/> Licensing | | | | | | | | | | |
| 3. You are filing a complaint against: | | | | | | | | | | | |
| Employer, Worksite, Agency or Union Name <u>New York City Department of Education</u> | | | | | | | | | | | |
| Street Address/ PO Box <u>65 Court Street</u> | | | | | | | | | | | |
| City <u>Brooklyn</u> | | State <u>NY</u> | Zip Code <u>11201</u> | | | | | | | | |
| Telephone Number: <u>(718) 935-4000</u> | | | | | | | | | | | |
| In what county or borough did the violation take place? <u>Kings County</u> | | | | | | | | | | | |
| Individual people who discriminated against you: | | | | | | | | | | | |
| Name: <u>Vernon Johnson</u> | | Title: <u>Principal</u> | | | | | | | | | |
| Name: <u>Melanie Werner</u> | | Title: <u>Assistant Principal</u> | | | | | | | | | |
| If you need more space, please list them on a separate piece of paper. | | | | | | | | | | | |
| 4. Date of alleged discrimination (must be within one year of filing): | | | | | | | | | | | |
| The most recent act of discrimination happened on: <u>3</u> <u>16</u> <u>2021</u> <div style="text-align: center;">month day year</div> | | | | | | | | | | | |
| 5. For employment and internships, how many employees does this company have? | | | | | | | | | | | |
| <input type="checkbox"/> 1-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know | | | | | | | | | | | |

| | | | |
|--|--|---|--|
| 6. Are you currently working for this company? | | | |
| <input checked="" type="checkbox"/> Yes. Date of hire: <u>9</u> <u>7</u> <u>2018</u> month day year | | | What is your position? Teacher |
| <input type="checkbox"/> No. Last day of work: _____ _____ _____ month day year | | | What was your position? |
| <input type="checkbox"/> I was never hired. Date of application: _____ _____ _____ month day year | | | What position did you apply for? |
| 7. Basis of alleged discrimination: Check ONLY the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination. | | | |
| <input type="checkbox"/> Age: Date of Birth: _____ | | <input type="checkbox"/> Familial Status: | |
| <input type="checkbox"/> Arrest Record | | <input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran | |
| <input type="checkbox"/> Conviction Record | | <input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | |
| <input type="checkbox"/> Creed/ Religion: Please specify: _____ | | <input checked="" type="checkbox"/> National Origin: Please specify: <u>Jamaican</u> | |
| <input checked="" type="checkbox"/> Disability: Please specify: <u>Speech Impediment</u> | | <input type="checkbox"/> Predisposing Genetic Characteristic: | |
| <input type="checkbox"/> Domestic Violence Victim Status | | <input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____ | |
| <input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender | | <input type="checkbox"/> Sexual Orientation: Please specify: _____ | |
| <input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle | | <input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment | |
| <input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog | | | |
| If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below: | | | |
| <input type="checkbox"/> Retaliation: How did you oppose discrimination: _____ | | | |
| If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below. | | | |
| <input type="checkbox"/> Relationship or association | | | |

| | | | |
|--|---|---|--|
| 8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply | | | |
| <input type="checkbox"/> Refused to hire me | <input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review | <input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Fired me/laid me off | <input type="checkbox"/> Suspended me | <input type="checkbox"/> Denied me an accommodation for domestic violence | <input checked="" type="checkbox"/> Harassed or intimidated me on any basis indicated above |
| <input type="checkbox"/> Demoted me | <input type="checkbox"/> Did not call back after lay-off | <input type="checkbox"/> Denied me an accommodation for my religious practices | <input type="checkbox"/> Denied services or treated differently by a temp or employment agency |
| <input type="checkbox"/> Denied me promotion/ pay raise | <input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job | <input type="checkbox"/> Denied me leave time or other benefits | <input type="checkbox"/> Denied a license by a licensing agency |
| <input type="checkbox"/> Denied me training | <input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job | <input type="checkbox"/> Discriminatory advertisement or inquiry or job application | <input type="checkbox"/> Other: |

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

Please see attached addendum.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

NOTARIZATION OF THE COMPLAINT

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing), as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Kenton Graham
Sign your full legal name

Subscribed and sworn before me
This 8th day of April, 2021

Rachel Badal
Signature of Notary Public

County: RACHEL BADAL
Notary Public, State of New York
No. 01BA6087097
Qualified in Kings County
Commission Expires Feb. 10, 2023

Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.

Additional Information, Page 1: *This page is for the Division's records and will not be sent to the company or person(s) whom you are filing against.*

1. Contact Information

My primary telephone number: (847) 912-1080

My secondary telephone number:

My date of birth: 03/27/1978

(Required) My email address: ken10gra@gmail.com

The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address. The Division will not use your email address for any non-case related matters.

Contact person (Someone who does not live with you but will know how to contact you if we cannot reach you)

Contact person's name: Errol Graham

Contact person's telephone number: (347) 867- 4987

Contact person's address: 31-29 100th Street, East Elmhurst, NY 11369

Contact person's email address:

Contact person's relationship to me: Brother

2. Special needs: I am in need of:

- ☐ Interpretation (if so what language?): _____
- ☐ Accommodations for a disability: _____
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: _____

3. Settlement / Conciliation: To settle this complaint, I would accept:

(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, job offer, return to the job, an end to the harassment, compensation, etc.?)

A letter of apology, an end to the discrimination, good references and have the letters removed from my file.

4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation) The following people saw or heard the discrimination and can act as witnesses:

Name: Ms. Freda Buccus

Telephone Number: (347) 268 - 2993

What did this person witness?

The various discriminations

-The working conditions

Title Teacher

Relationship to me: co-worker

- Denial of my teaching preference

Name: Mr. Donald Graham

Telephone Number: (917) 392 - 1170

What did this person witness?

-The writing up of one teacher and not the other

-The national origin/accent comment made by the administration

Title: Teacher /Fmr. Chapter Leader

Relationship to me: Co-worker

Additional Information, Page Two

5. Did you report or complain about the discrimination to someone else? ☒ Yes ☐ No

If yes, how exactly did you complain about the discrimination? (To whom did you complain?)

The UFT.

Date you reported or complained about discrimination:

09

month

01

day

2020

year

What happened after you complained?

The UFT held a meeting with the administration, but failed to follow-up and make sure that what was agreed to was implemented. In addition, I was told that I have to wait to file the discrimination case at later date because the UFT grievance process was closed.

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

Yes, most members of the math department were given their teaching preferences and did not have to travel to various rooms to teach classes. No teachers in the math department were assigned to any supporting role. To the best of my knowledge I was treated this way because of my national origin and speech impediment.

ADDENDUM TO SDHR COMPLAINT FOR KENTON GRAHAM @ 4/6/21

1. I have been employed as a math teacher from September 2018 to present at Brooklyn High School for Law and Technology in the NYCDOE.
2. I suffer from a disability of a speech impediment.
3. I have a Jamaican accent, and I am of Jamaican Caribbean origin.
4. My principal is Vernon Johnson, who is American black.
5. Principal Johnson has made comments about my speech impediment and about Caribbean people verbally and in writing.

2019-20 School Year

6. In September 2019, I was removed from my classroom, and a new non-Caribbean teacher was hired in my place and assigned to my room. I was assigned to four different classrooms instead.
7. In March 2021, I discovered that Principal Johnson placed a negative informal observation report without my knowledge into my file, despite the fact that teachers were not supposed to receive any evaluations during the 2019-2020 school year due to COVID-19.
8. Principal Johnson also tried to excess me because of speech impediment and national origin at the end of the 2019-2020 school year. Upon information and belief, he did not try to excess nondisabled and/or non-Jamaican teachers in the math department. .

2020-21 School Year

9. Principal Johnson did not give me my teaching preferences for the 2020-21 school year even though these courses were available to me. Upon information and belief, he did not deny preferences to nondisabled and/or non-Jamaican teachers in the math department. He also gave me only two elective classes for the 2020-21 school year and has largely given me support roles to assist other teachers.
10. At a meeting held on September 18, 2020, when I approached Principal Johnson in his office about leaving early on that date and about my assigned classroom roster, Principal Johnson asked me to send him a reminder email about me leaving early. However, he dismissed me and my concern about my classroom roster claiming that my speech was "choppy" and incoherent.
11. On October 1, 2020, I emailed Principal Johnson complaining about unsafe working conditions in my classroom. Principal Johnson and two other custodians came to the room to investigate the matter. Upon leaving the room, Principal Johnson made discriminatory references about my national origin. Principal Johnson stated while exiting the room "you Caribbean people love to play the victim." He repeated the "victim" statement in an email to me later that day.
12. On October 27, 2020, Principal Johnson wrote me up for insubordination involving use of google classroom codes, but did not write up Donald Graham, who is an African American born, for the very same misconduct.

13. On March 16, 2021, Principal Johnson, in an evaluation for a position with the Department of Defense Dependents Schools (DoDDS), stated that my written and oral communication skills are less than professionally expected, which is a direct aim at my accent and disability.

14. I believe I have been discriminated against based on my national origin and/or disability regarding my speech impediment. Also, I believe that Mr. Vernon Johnson's actions towards me have created a hostile working environment for me compared to my similarly situated colleagues.